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Administration Endorses Free Needles for Addicts

Shalala Makes First Step Toward Subsidies — And Away from Strong Anti-Drug Stance

Since 1989, in each year's funding bill for the Department of Health and Human Services (HHS), Congress had included prohibitions against using federal funds to provide free syringes to individuals "for the hypodermic injection of any illegal drug." However, last fall the President signed legislation extending the prohibition against needle exchange programs (NEPs) only until March 31, 1998 [section 506, Public Law 105-78]. The legislation provided that, beginning April 1, 1998, the HHS Secretary could begin distributing syringes to illegal drug users only if she determined needle exchange projects "are effective in preventing the spread of HIV and do not encourage the use of illegal drugs."

This week HHS Secretary Donna Shalala took the necessary first steps toward providing illegal-drug abusers with taxpayer-subsidized syringes. In keeping with the provisions of P.L. 105-78, she announced the Administration's determination that "needle exchange programs, as part of a comprehensive HIV prevention program, will decrease the transmission of HIV and will not encourage the use of illegal drugs."

Do Needle Exchanges Decrease AIDS Transmission?

In December of 1996, President Clinton unveiled his first "national strategy" for AIDS prevention. He called on HHS to review the scientific literature surrounding the benefits of needle exchange programs. A February 1997 report found that NEPs "can be an effective component of a comprehensive strategy to prevent HIV." In addition, Sandra Thurman, director of the White House's Office of National AIDS Policy, strengthened HHS's conclusion by also proclaiming that "strong scientific evidence" exists to support the use of needle exchange programs and that any proposal put forth by the Administration would "act on the science."

Despite these promises of "acting[ing] on the science," some recent studies have shown that instead of preventing the transmission of HIV, NEPs actually increase the spread of the virus.

In 1996 the *Lancet*, a leading British medical journal, reported on the so-called Montreal program. It found that drug users enrolled in needle exchange programs are 2.2 times more likely to become infected with the AIDS virus than those not in such programs. Another analysis of the Montreal program, published in the 1997 *American Journal of Epidemiology*, found similar results, namely, that addicts participating in NEPs have a 33

percent probability of HIV infection compared to 13 percent for nonparticipants. In fact, the Montreal study concludes with a warning that the Administration would be ill-advised to ignore: "We believe caution is warranted before accepting NEPs as uniformly beneficial in any setting."

Do Needle Exchange Programs Encourage Drug Use?

The Administration's own drug czar, General Barry McCaffrey, has strongly objected to needle exchange programs: in his words, "the problem is not dirty needles, the problem is heroin addiction. . . . The focus should be on bringing help to this suffering population — not giving them more effective means to continue their addiction. One doesn't want to facilitate this dreadful scourge on mankind" [*Orlando Sentinel*, 5/13/96]. According to the Associated Press, were it not for McCaffrey's continued objections, the Administration would have gone forward with taxpayer subsidies of the needles, as AIDS activists have been pressuring this White House to do.

Dr. Janet Lapey with Drug Watch International quotes pro-needle activist Donald Grove as admitting that "most needle exchange programs . . . serve as sites of informal organizing and coming together. A user might be able to do the networking needed to find drugs in the half an hour he spends at the street-based needle exchange site — networking that might otherwise have taken half a day."

The *New York Times Magazine* [10/15/97] reported that one New York City NEP gave out 60 syringes to a single person, little pans to "cook" the heroin, instructions on how to inject the drug and a card exempting the user from arrest for possession of drug paraphernalia. Such access surely expands the violent drug culture, and with refuge from the law, it isn't surprising when the selection of illegal drugs increases, prices decrease, and new users are then attracted.

In fact, many have suggested that needle exchange networks are a key strategy for the drug legalization lobby. The Swiss experience demonstrates most clearly where needle exchange leads — they are a prelude to legalization. After needle exchange program failed, the Swiss turned to heroin giveaways hoping to curb the worsening drug and AIDS problems.

According to the *New York Times* [3/23/98], George Soros, a prominent supporter of the international drug legalization movement, donated \$1 million to finance needle exchange programs in the San Francisco area. Since 1992 the pro-legalization Drug Policy Foundation, with funding from Soros, has provided advocacy awards and numerous funding grants to needle exchange programs in 10 states (and Puerto Rico) as part of its push for legalization.

Just Say NO

Can the Administration say with conviction that an increase in needle exchange programs won't result in some of the neighborhood kids not becoming exposed to, if not hooked on, illegal drugs? The Administration should be working to win the war on drugs, not promoting programs that put more obstacles in the way of victory. And given the dramatic rise in student drug use, the government should be sending young people an unambiguous "don't use" message. This latest Administration act, as the drug czar apparently well knows, takes us down the wrong path.

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